

MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

June 19, 2014

The Michigan Health IT Commission is an advisory Commission to the Michigan Department of Community Health and is subject to the Michigan open meetings act, 1976 PA 267, MCL 15.261 to 15.275



Agenda

- A. Welcome & Introductions
- B. Review & Approval of 5/15/2014 Meeting Minutes
- C. HIT/HIE Update
- D. MDCH HIT/HIE Roadmapping Priorities
- E. Michigan Identity, Credentialing, and Access Management (MICAM)
- F. HITC Next Steps
- G. Public Comment
- H. Adjourn



Welcome & Introductions

- Commissioner Updates



HIT/HIE Update

Meghan Vanderstelt, MDCH



2014 Goals – June Update

Governance Development and Execution of Relevant Agreements

- Connecting Michigan had more than 300 attendees, Lt. Gov. Calley & Senator Marleau
- Conference slides will be uploaded to the MiHIN website and an email sent with link
- HB 5136 requiring standard BH consent form passed the Senate with no amendments; signed into Public Act 129 by Gov. Snyder on 5/22/14
- Michiana HIN (MHIN) is the 8th HIE-QO out of 13 QOs (4 Payer QOs, 1 Gov't QO)
- New HIE-QO application received
- Molina, Aetna requested Payer-QO agreements (for statewide ADT service)
- Privacy Working Group drafting document describing Michigan's consent policies
- New legal language drafted to be inserted in to all Implementation Guides prohibiting the transmission of BH info without a standard consent

Technology and Implementation Road Map Goals

- Immunization history/forecast pilot with GLHIE delayed; MHC getting another chance
- UPHIE took Bronson live with statewide ADT service during Dr. Simmer's keynote 6-4
- FY14 MiHIN activities in progress: MiWay Consumer Directory, Identity Exchange Hub, Clinical Quality Measures Recovery and Repository (CQMRR)
- FY14 MiHIN activities' started May 1st: MU Expansion, Statewide Health Provider Directory Expansion, XCA & eHealth Exchange Expansion

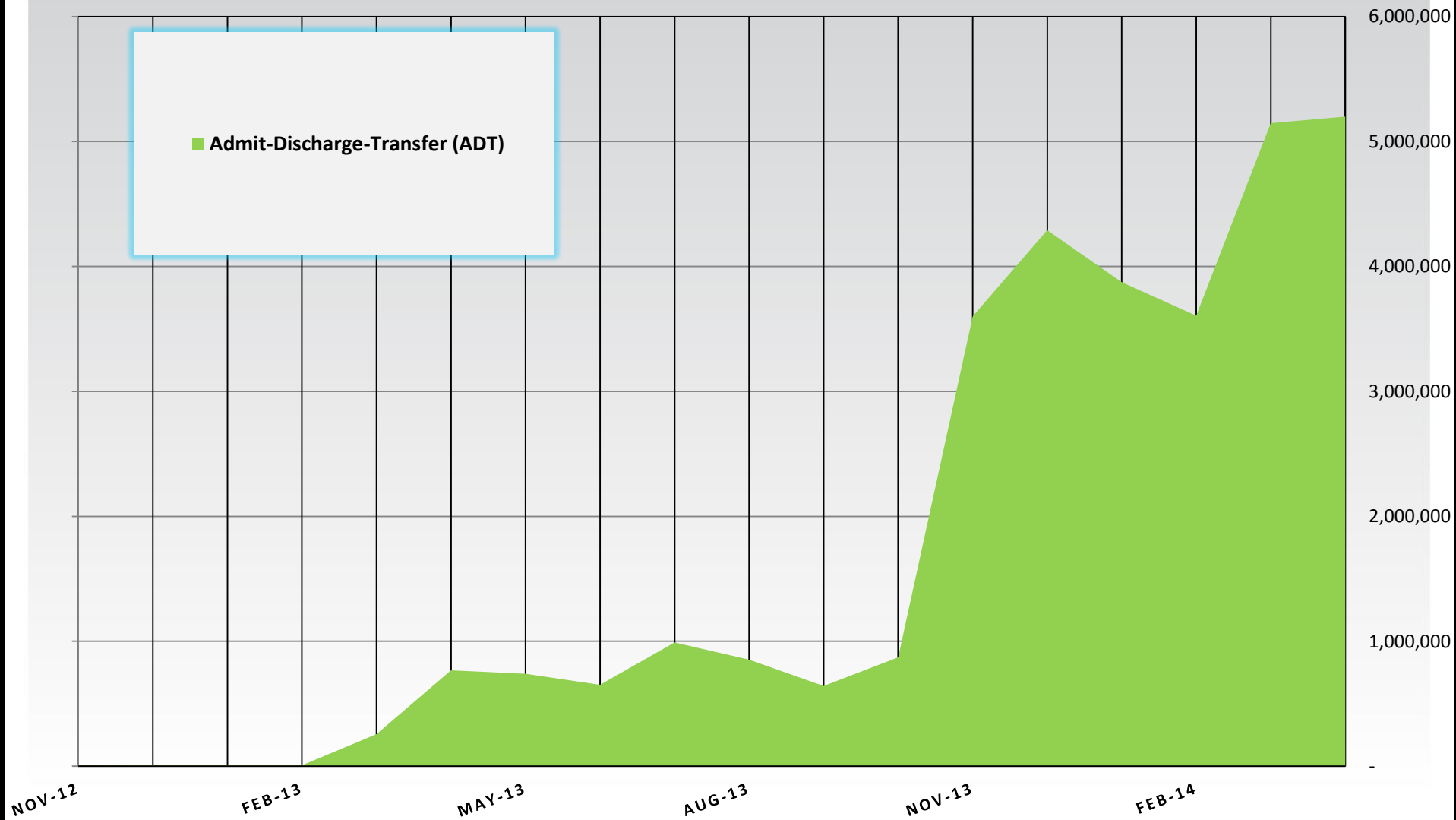
QO & VQO Data Sharing

- More than 48.8 million messages received since production started May 8, 2012
- MiHIN receives average 1.8 MLN messages/week (ADTs, VXUs, ELRs, Syndromics, CQMs)
- Sources of immunization messages through MiHIN increased to 1,165
- Reportable lab messages steadily increasing, now at 49,024 total received as of June 8
- MiHIN has received 2,173,187 syndromic surveillance messages
- Newborn Screening pilot expected to start in August

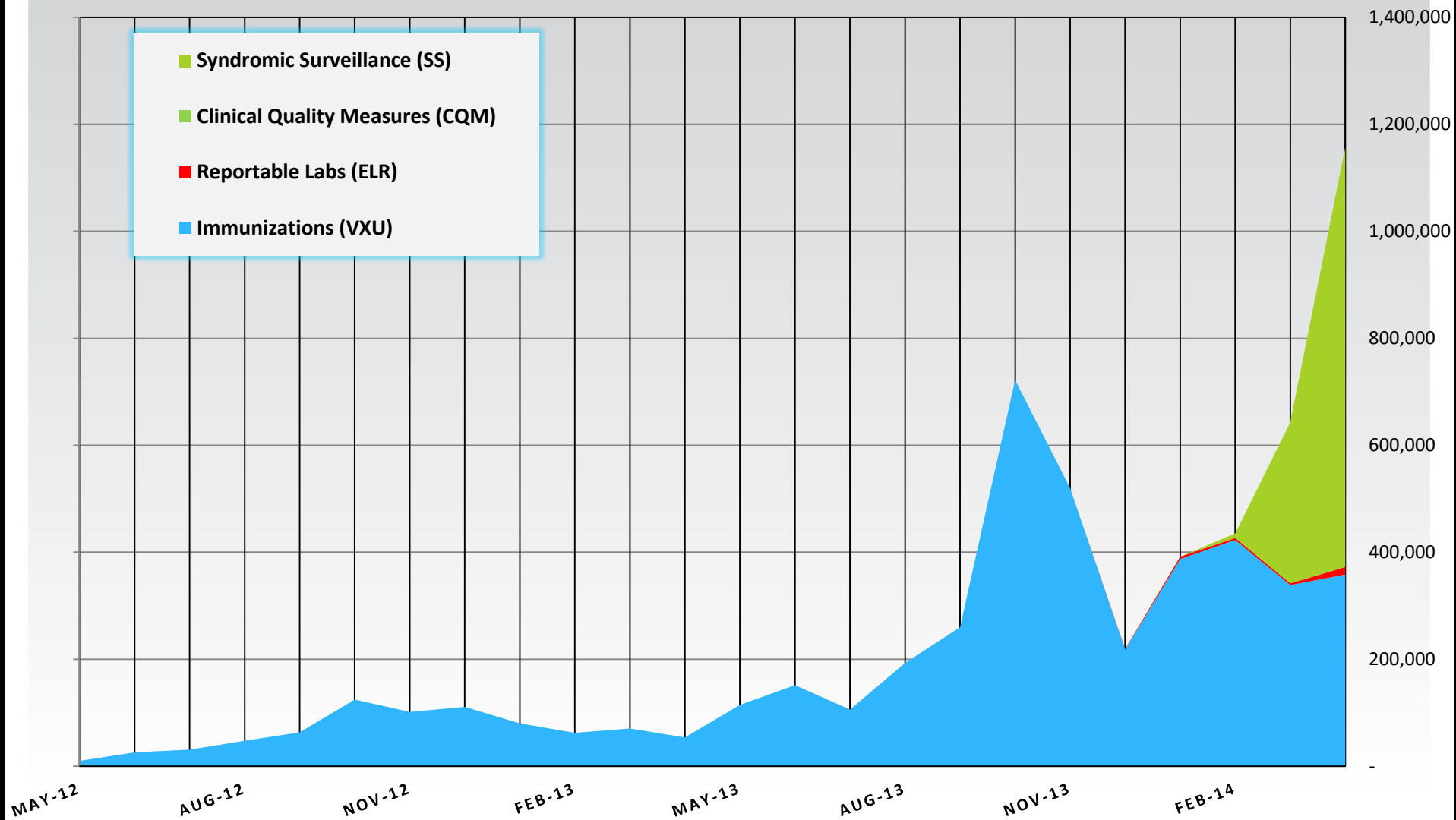
MiHIN Shared Services Utilization

- JCMR and Ingenium beginning Cross-QO Query use case
- Henry Ford Health System readying to start SSA use case
- Nine other states/organizations considering use of MiHIN Health Provider Directory
- Presented MiHIN Health Provider Directory to MHA HIT Steering Committee June 10

MONTHLY MESSAGE COUNT



MONTHLY MESSAGE COUNT



MiHIN Monday Metrics (M3) Report

2 Week Total	Prod. Running Total**	Sources in Prod. Through MiHIN	Sources in DQA	QOs in production	QOs in test	vQOs in production	vQOs in test	Use Case
122,013	4,947,840	1,165	547	5	1			Immunization Records Submit (VXU)
7,250	49,024		60	2				Reportable Labs Summaries (ELR)
	6,047,338			2				Transition of Care - Payers/BCBSM (ADT)
3,013	265,278			1		1		Admit-Discharge-Transfer (ADT) Spectrum/Carebridge
3,130,297	35,353,839	30	3	3		1		All Patient- All Payer ADT Notification Service
				3				Submit Data to Active Care Relationship Service
								Submit Data to Health Provider Directory
382,173	2173187		12		3		1	Receive Syndromics
0	202							Clinical Quality Measures
3,644,746	48,836,708	1,195	622	16	4	2	1	Totals



MDCH Data Hub

June 2014

Use Cases

Newborn Screening (NBS) CCHD Message

The Implementation Guide for the reporting of Critical Congenital Heart Defects (CCHD) testing was posted to the michiganhealthit.org website in May. Routing requirements have been established and are in development. NBS staff recently held a Q&A session for hospitals interested in being a pilot. A pilot QO and hospital has not yet been chosen. Piloting is scheduled to begin in August 2014.

Michigan birthing hospitals have indicated that they would like all NBS test reporting (including early hearing and detection) in an HL7 format in addition to the CCHD test. National Standards exist for Blood Spot (order and results message) and Hearing. MDCH is working with the Newborn Screening Team to schedule this next effort.

MCIR Query Forecast/Query History Message

MCIR Team is working with MHC for the pilot. Several providers have been identified for pilot and they are working to confirm EHR vendor system capability. It is anticipated that vendor system capability issues will impact the number of providers able to participate.

Cancer Case Report Message

Birth Defects Case Report Message

The routing into MiHIN of the HL7 CDA Reports for both messages will allow for two formats (QO choice), HL7 and DIRECT. The Implementation Guides for both messages is posted on michiganhealthit.org website. MDCH system functional requirements are being completed, and MDCH Data Hub is working with the Cancer and BD teams to establish the pilot dates. Pilot providers and QOs have not yet been identified.

Infrastructure/Technology

Michigan Identity, Credentialing, & Access Management – Phase 1

The MiPage, myHealthButton/myHealthPortal (mHB/mHP) and MICAM project teams have established application development and integration requirements. Building environments and configuring infrastructure to support the Citizen user registration, identity proofing and access to the applications is in process. The combined infrastructure Go Live is 10/30/2014.

Master Person Index – Phase 3

In May, Stakeholder Training was conducted. The training focused on the purpose and function of MPI, status of current development, and next steps. Stakeholders provide valuable assistance with governance policy and operational procedure development, and testing.

Identification of an Address Cleansing Service for integration with the MPI is underway. Staff have also begun gaining an understanding of how to use the IBM Infosphere product to create relationships (genetic or location) in the MPI.

MPI/MCIR system Real Time integration requirements and technical design has been completed and is now in development for add/update/delete.

Provider Index – Phase 1

Initial data sources for the Provider Index will include the National Plan & Provider Enumeration System (NPPES) and active registered Medicaid Providers from the CHAMPS. Initial load/creation is scheduled for early July 2014. Working with LARA to include licensed professionals.



Current Participation Year (PY) Goals

	Reporting Status	Prior Number of Incentives Paid	Current Number of Incentives Paid	Current PY Goal Number of Incentive Payments	Current PY Medicaid Incentive Funding Expended
Eligible Provider (EPs)	AIU	1,282	1,286	1,003	\$13,345,000
	MU	1,050	1,076	1,043	\$7,896,500
Eligible Hospital (EHs)	AIU	-	-	15	\$ -
	MU	-	2	43	\$ 500,000

Cumulative Incentives for EHR Incentive Program 2011 to Present

	Total Number of EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	3,819	\$171,535,218
MU	1,696	\$56,428,256

Key: AIU= Adopt, Implement or Upgrade MU= Meaningful Use

2014 Goals – June Update

Federally Funded REC

Supporting adoption and achievement of Stage 1 Meaningful Use with a minimum of 3,724 priority providers across Michigan's primary care community.

- **3,724(+) Milestone 1:** Recruitment of Eligible Priority Primary Care Providers (PPCPs); 100% to goal
- **3,724(+) Milestone 2:** EHR Go-Live with PPCPs; 100% to goal
- **2,764 Milestone 3:** Stage 1 Meaningful Use Attestation with PPCPs; 74% to goal

MDCH Medicaid Specialists

Supporting specialists with high volumes of Medicaid patients in attaining Meaningful Use.

- **353 Milestone 1 Sign-Ups:** Recruitment of specialists (Non-Primary Care) who are eligible for participation in the Medicaid EHR Incentive Program (through MDCH)
- **110 Milestone 2 AIUs:** Successful AIU Attestation
- **Specialist Sign-Up breakdown:** Dentistry – 60%, Psychiatry - 27%, Optometry – 4%, Other – 9%
- **Program Goal:** Specialists successfully attest to 90 days of Meaningful Use (Stage One Year One)

M-CEITA Provider Metrics

Client data provides insight into EHR adoption and Meaningful Use landscape across Michigan Providers.

- 54% of clients working with M-CEITA to achieve Meaningful Use are enrolled in the Medicare Incentive Program versus 31% of clients who are enrolled in the Medicaid Incentive Program
- To date, 73% of M-CEITA clients have achieved Stage 1 Year 1 in Meaningful Use

Million Hearts Initiative

Expanding our focus to assist providers with future stages of MU, other quality process improvement and public health priorities with an emphasis on EHR-enabled improvements.

- A national initiative launched by HHS to prevent 1 million heart attacks and strokes by 2017 through provider engagement.
- M-CEITA supports Million Hearts as a key public health priority with an education tool for providers during the CQM selection and external promotion to adopt this initiative through our webinars, blogs and website.
- In 2014 M-CEITA will begin tracking client practices that have committed to using the Million Hearts related CQMs.
- M-CEITA will be partnering with MDCH HDSP/DPCP to improve high BP and A1C prevalence through the use of EHRs.

June 2014 Updates

- HB 5136
- FCC's Rural Health Care Pilot Program
- MiHIN Update



MDCH HIT/HIE Roadmapping Priorities

Meghan Vanderstelt, MDCH and Tina Scott, MDCH



Transforming Health Care Through IT

Health Information Technology
Commission Meeting

Meghan Sifuentes Vanderstelt & Tina Scott

June 19, 2014



Supporting Initiatives



Integrated Care Demonstration for

Dually Eligible Individuals (Medicare and Medicaid)



Blueprint for Health Innovation



Healthy Michigan

- The Healthy Michigan Plan provides health care benefits to Michigan residents at a low cost so that more people can have health care coverage. Individuals are eligible for the Healthy Michigan Plan if they:
 - Are age 19-64 years
 - Have income at or below 133% of the federal poverty level* (\$16,000 for a single person or \$33,000 for a family of four)
 - Do not qualify for or are not enrolled in Medicare
 - Do not qualify for or are not enrolled in other Medicaid programs
 - Are not pregnant at the time of application
 - Are residents of the State of Michigan
 - *Eligibility for the Healthy Michigan Plan is determined through the Modified Adjusted Gross Income methodology

Integrated Care Demonstration for Dually Eligible Individuals--MiHealthLink

- CMS and MDCH have partnered in this Demonstration project to better serve individuals eligible for both Medicare and Medicaid(“dual eligible”)
- The Demonstrating will begin no earlier than January 1, 2015 and continue through December 31, 2017
- The initiative is testing an innovative payment and service delivery model to alleviate fragmentation and improve coordination of services for Medicare-Medicaid enrollees, enhance quality of care and life, and reduce costs for both MDCH and the federal government.

Key Objectives of MiHealthLink:

- Provide seamless access to supports and services for Medicare-Medicaid enrollees
- Create a person-centered model to coordinate supports and services that communicates with and links back to all domains of the delivery system
- Streamline administrative processes for Medicare-Medicaid enrollees and providers
- Eliminate barriers to and encourage the use of home and community based services
- Provide quality services that also focus on enrollee satisfaction
- Demonstrate cost effectiveness for the state and federal governments through improved supports and care coordination, financial realignment, promotion of best practices, and payment reforms.

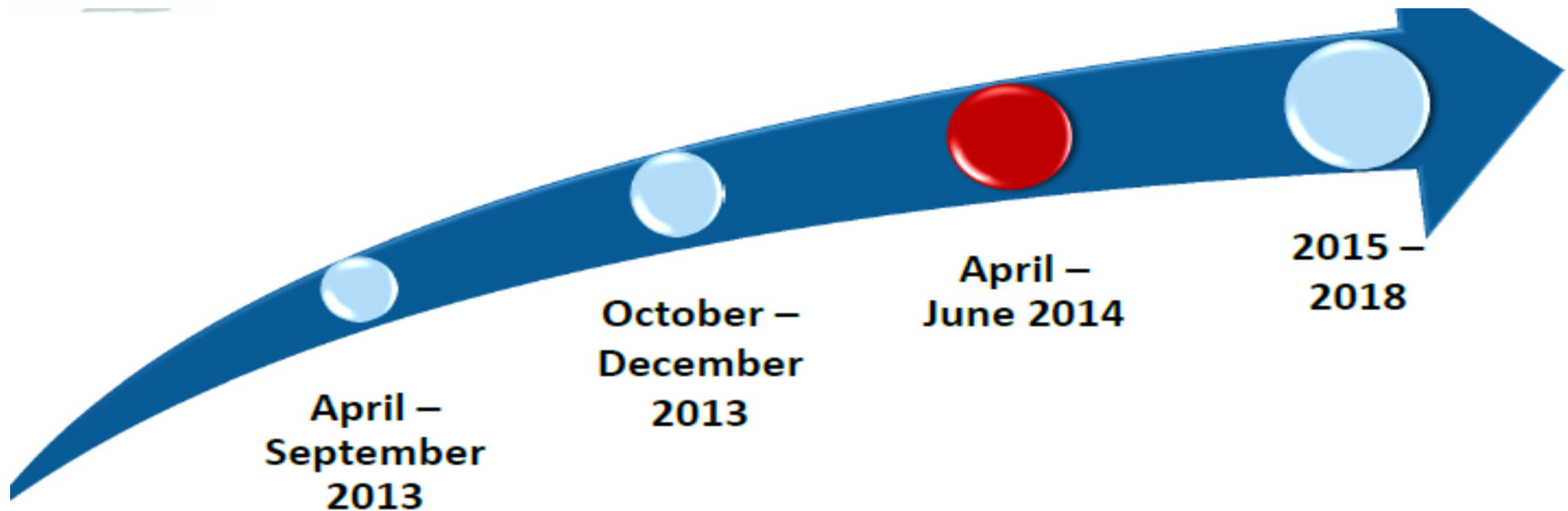
Blueprint for Health Innovation

- The Blueprint is Michigan's plan for health system innovation
- The Blueprint recommends health system changes that *achieve better outcomes for patients and provide value to taxpayers, businesses, and families* who are paying for healthcare
- Similar to the Healthy Michigan Plan and other efforts, the Blueprint supports persons choosing the services that meet their needs and taking responsibility for their own health
- The Blueprint is a plan to test innovation on a small scale to see what works in Michigan – with voluntary participation of providers, patients, payers, and community organizations

Blueprint for Health Innovation Goals

1. Strengthen the primary care infrastructure to expand access for Michigan residents.
2. Provide care coordination to promote health and health care outcomes for individuals requiring intensive support services.
3. Build capacity within communities to improve population health.
4. Improve systems of care to ensure delivery of the right care, by the right provider, at the right time, and in the right place.
5. Design system improvements to reduce administrative complexity.
6. Design system improvements that contain health care costs and keep insurance premiums affordable for individuals/families and employers/businesses.

Innovation Timeline



Stakeholder convening	Creation of the <i>Blueprint</i>	Test proposal development	Testing
<ul style="list-style-type: none"> • Vision • Goals • Model specifications • Working concept 	<ul style="list-style-type: none"> • Multiple reviews • Feedback incorporated • Submitted to CMMI 	<ul style="list-style-type: none"> • Select test regions • Refine model • Apply for pilot test funding 	<ul style="list-style-type: none"> • Implement pilot tests in local communities • Scale up what works

Michigan Model Elements

Element	Building on...
Michigan's Patient Centered Medical Home Model	MiPCT program and safety net primary care improvements
Accountable Systems of Care	Existing health systems, provider networks, and safety-net infrastructure
Community Health Innovation Regions	Existing community coalitions and councils
Payment Systems	Public and private payment initiatives
Health Information and Process Improvement Infrastructure	Existing local, state and federal initiatives

Transformation Goals

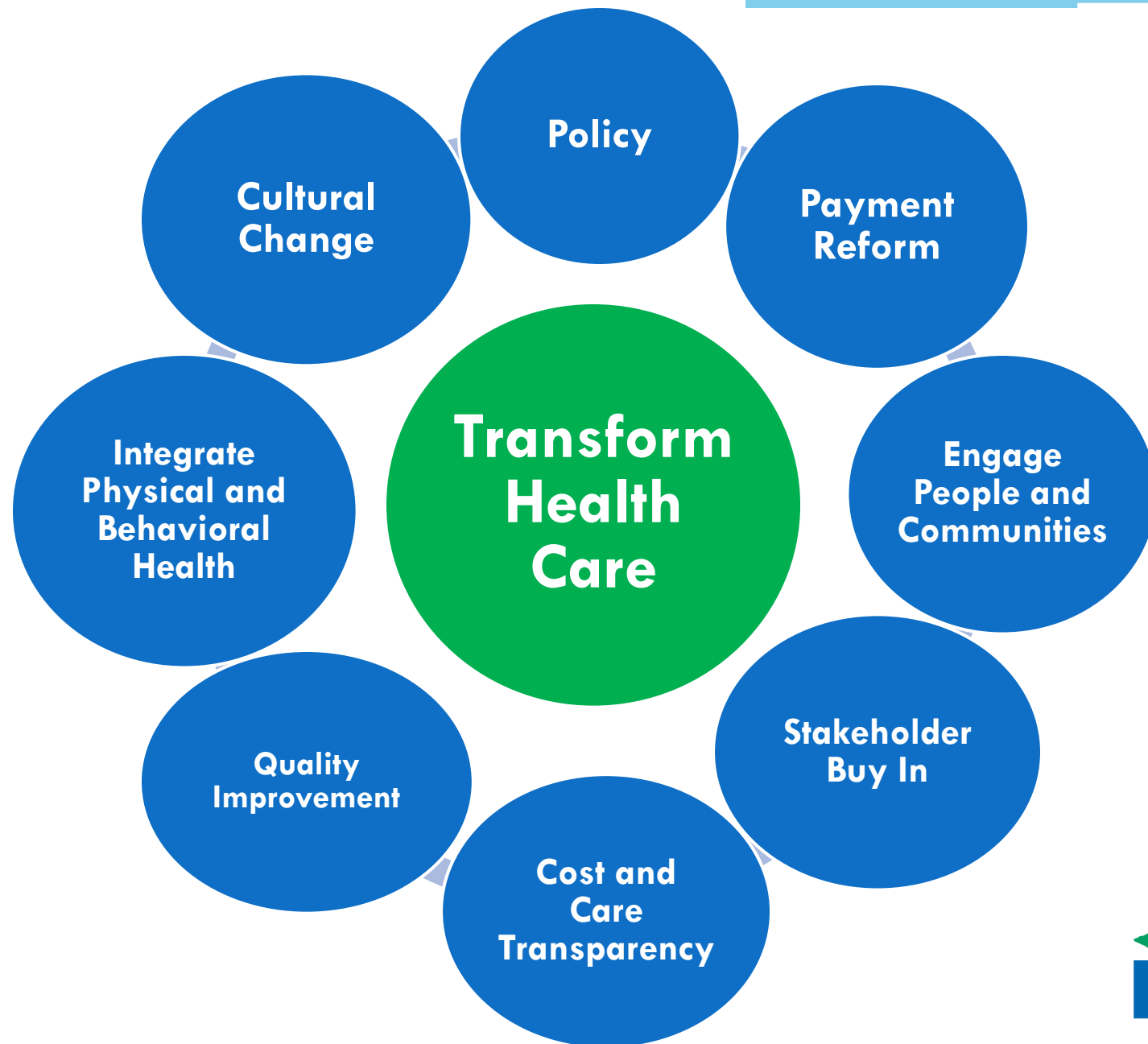
- **Care Coordination/Integration**
- **Consumer Engagement and Person Centered Planning**
- **Population Health and Data Analytics**

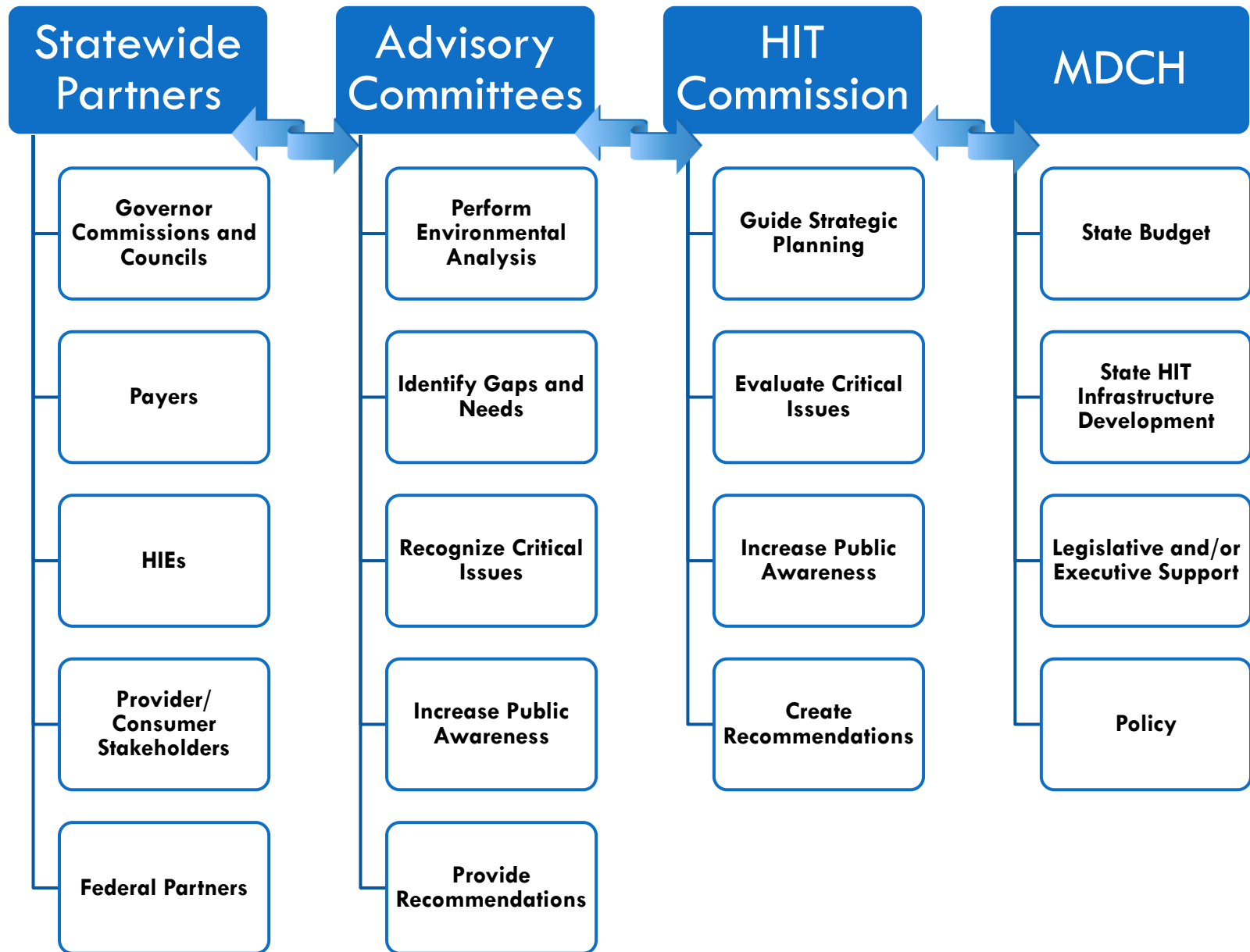


Transformation Through Data Exchange

- **Move**
- **Protect**
- **Link**
- **Analyze**
- **Share**







TRANSFORMING HEALTH IT:

MDCH DATA HUB – WHAT’S UNDER THE HOOD!

June 2014 HITC

Tina R. Scott, Manager

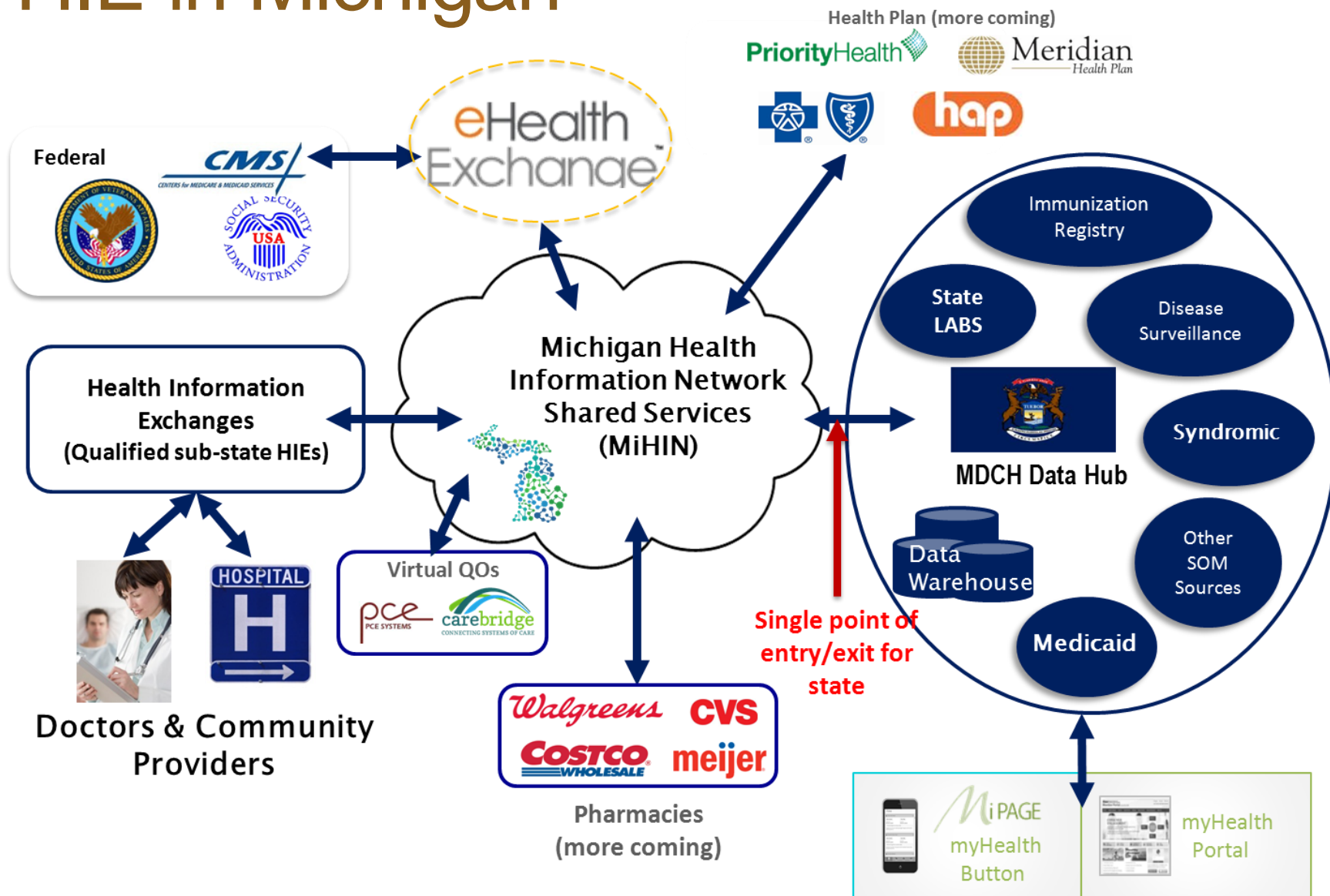
MDCH, Office of Medicaid Health IT

Medicaid Information Integration & Interoperability Section

Agenda

- Michigan HIE
- What is the MDCH Data Hub
- Accomplishments
- Where we are
- Where we are headed
- Use Cases
- Wrap Up

HIE in Michigan

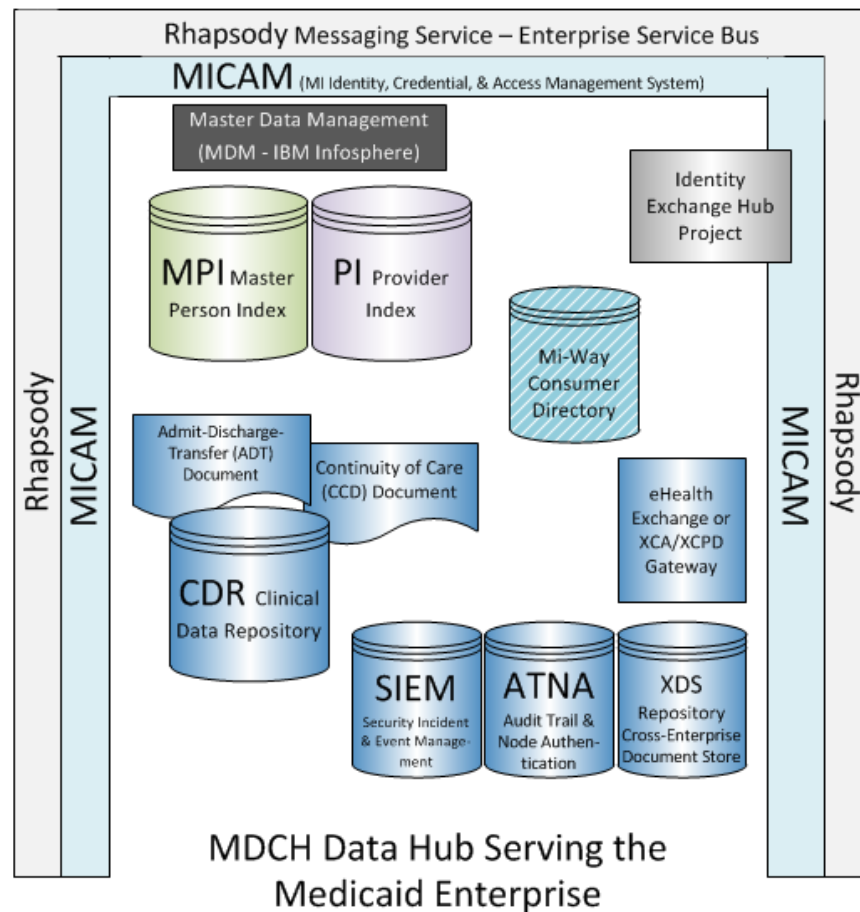


The MDCH Data Hub

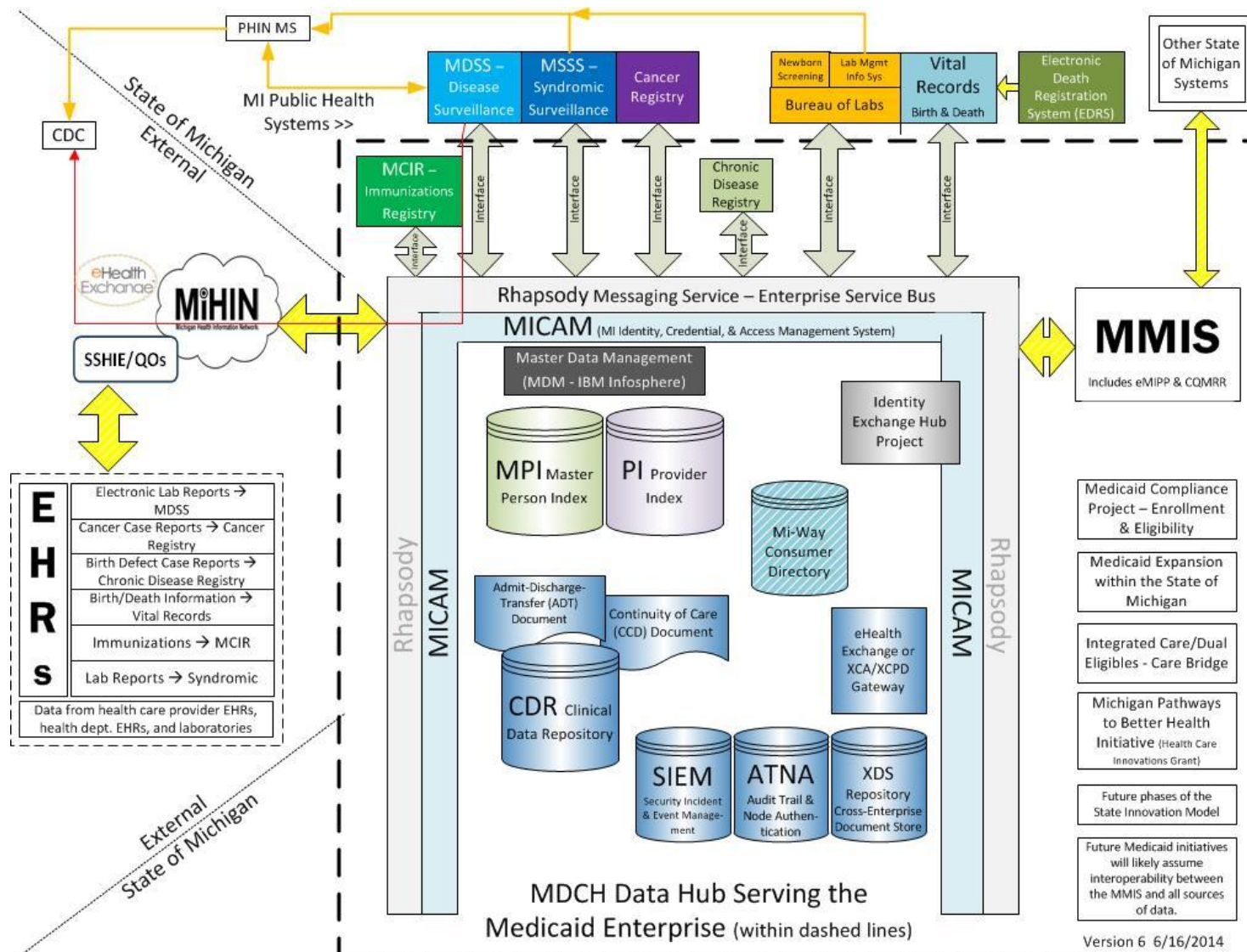
- Functionality necessary to meet the goals of Health information exchange, EHR Incentive program and the Medicaid program.

Components

- Service Bus
- Identity/Access Management
- Master Person Index
- Provider Index
- Audit and Logging



IT Enabling Medicaid & MU Goals





MDCH Data Hub


- **Support the EHR Incentive Programs and meaningful use objectives**
- **Enhance interoperability of the Medicaid Enterprise**
 - Uniquely identify Michigan's citizens across multiple programs to improve health outcomes (Enterprise Master Person Index or eMPI)
 - Uniquely identify providers across multiple programs to improve coordination of care (Provider Index)
 - Leverage infrastructure for new initiatives
 - Continuity of Care Document (CCD)
 - XDS – Registry and Repository that assists with the location of Medical Records, used for a Record Locator Service Query Use Case (RLS Use Case) and the creation of CCDs
- **Reduce fraud by increasing connectivity/communication among MDCH systems**
- **Streamline data flow among MDCH systems and external partners**
- **Enhance security**

Accomplishments

• 2012

- MiHIN and MDCH Data Hub establish connection
-  • Submit to MCIR - Immunizations from EHRs
-  • Submit to MDSS – Electronic Reportable Labs from EHRs
 - First Lab to participate was from Utah
- Stood Up Master Person Index (MPI) with initial data sets
- Participate in MiHIN Operations Advisory Committee (MOAC)

• 2013

- All HIE traffic flowing through MDCH Data Hub Rhapsody Integration Engine
-  • Submit to MSSS – Receive Syndromic messages from EHRs
- Corporate Immunization submissions to MCIR
- Began Real Time Integration of MPI with the MCIR system
- Legal Agreements in place with LARA for Provider Index data

Where are we

- 2014
 - Message Traffic
 - QUERY - MCIR Query Forecast / Query History
 - Receive Cancer Case Report Information for Cancer Registry
 - Receive Birth Defects Case Report Information for BD Registry
 - Receive Newborn Screening for Critical Congenital Heart Defects
 - Infrastructure
 - MICAM
 - Formalized Audit and Logging standards and storage
 - Standing up and population of Provider Index (PI)
 - Conclude Real Time Integration between MPI and MCIR system
 - Add additional data sets to the MPI
 - Establishing Governance Policy/Procedures for MPI and PI
 - Engagement and Training of Data Owners and Data Stewards



Where are we headed - Infrastructure

- 2015 and beyond
 - Infrastructure
 - MICAM
 - Migrate MDCH 33 Medicaid Systems
 - Integrate with MPI
 - Collaborate with MiHIN on Federated Identity Hub functionality
 - Master Person Index
 - Integrate with Medicaid Compliance Project (HIX) and other MDCH systems
 - Add additional Data Sources
 - Provider Index
 - Integrate with MiHIN's Health Provider Directory
 - Add additional Data Sources
 - Cross-Document Sharing
 - Chronic Disease Registry development
 - ADT – Admission, Discharge, Transfer
 - CCD

Where are we headed - Messages

- 2015 and beyond
 - Messages
 - Expansion of Query capabilities, multiple projects
 - To support Peace of Mind
 - To support MiHealthLink
 - Meet Provider Requests for accessing SOM information from EHRs
 - Michigan Automated Prescription System (MAPS) – Controlled Substance History Reports (over 2,500 reports requested daily)
 - Send Lab Results, and Receive Lab Orders
 - Expand results submission to Newborn Screening (Blood Spot, Hearing)
 - Receive Cancer Pathology Lab results
 - Receive Blood Lead Lab results
 - Enable MDSS (Disease) case reporting to the CDC
 - More condition messages to populate Chronic Disease Registry (such as Asthma, Cardiovascular/Hypertension, Stroke, Diabetes, etc.)



Use Cases

Results Delivery

- **Lab results**
- Diagnostic imaging
- **Other tests**
- Hospital discharge summaries

Public Health Reporting

- **Immunizations**
- Chronic disease registries
- **Disease surveillance**
- **Syndromic surveillance**
- Birth & death notifications
- 41 new use cases under HIT APD

Care Coordination & Patient Safety

- Referrals
- Care summaries for treatment history & allergies
- **Notification of transitions of care (Admit Discharge or Transfer)**
- Medication reconciliation & therapy change notices
- Clinical decision support alerts

Quality & Administrative Reporting

- Registry Updates
- **Physician Quality Reporting measures**
- **Meaningful Use reporting**
- Electronic verification
- Patient satisfaction
- Eligibility
- Authorization
- Claims audit

Patient Engagement

- Instructions
- Health risk appraisals
- Medication Compliance
- Therapy Compliance
- Patient activation and self determination
- Health literacy & numeracy

CMS HITECH MITA Use Cases

CMS HITECH MITA USE CASES
Health Policy Area
Enhance community-based care
Enhance Prevention
Enhance safety net hospital efficiency and effectiveness
Improve health outcomes in priority populations
Reduce disparities in health and healthcare
Reform care delivery
Reform payment models to reduce healthcare costs

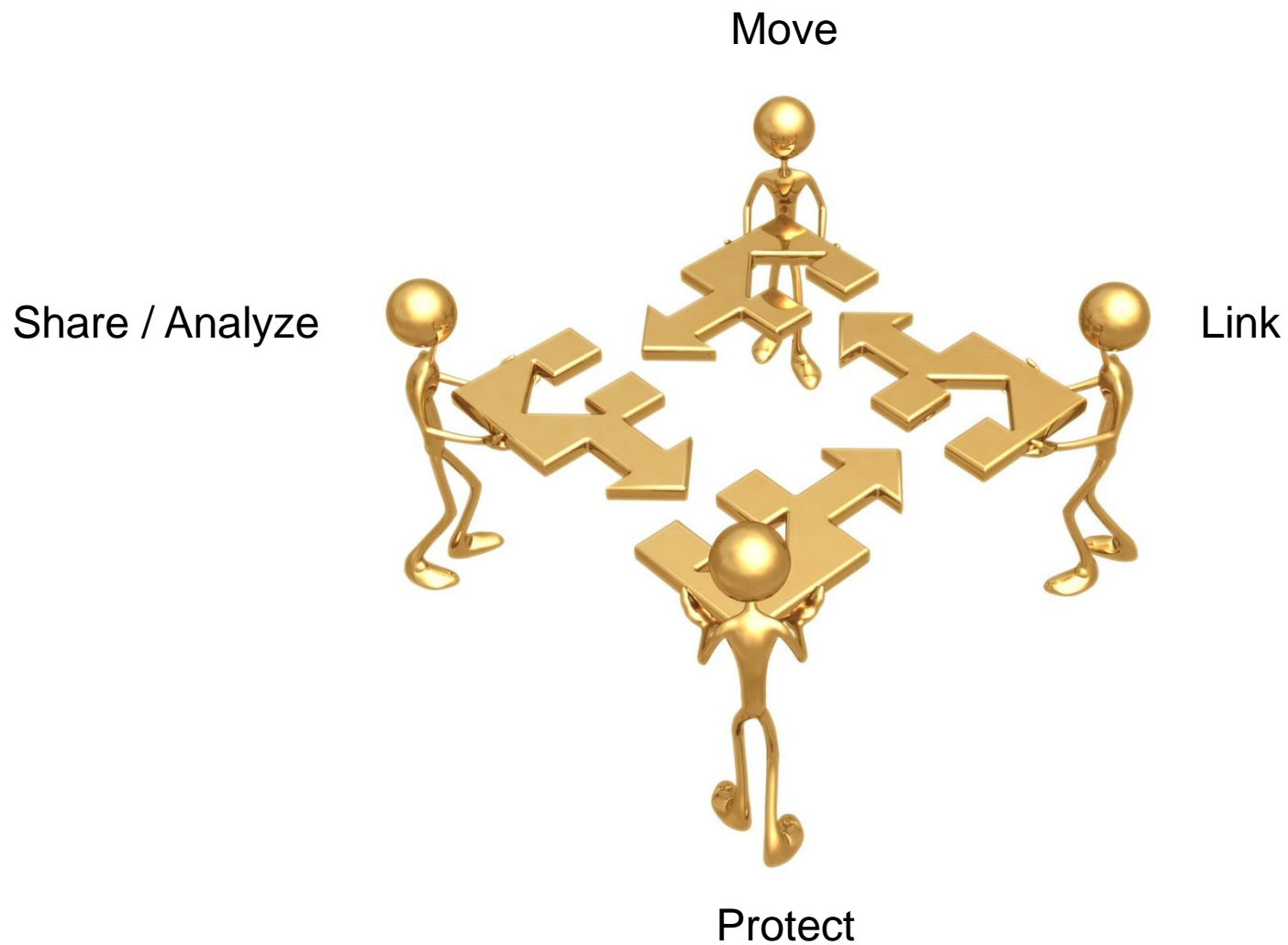
Medicaid Information Technology Architecture

CMS MITA State Self-Assessment (MITA SS-A) is a required activity for State Medicaid Agencies. MITA SS-A requires the documentation of the Medicaid Enterprise **Business Architecture** (BA, business processes) and the **Information Architecture** (data) and **Technical Architecture** (systems) that support the BA. Additionally, states produce a 5 year **MITA Roadmap** (submitted when requesting federal funding support) to demonstrate how Medicaid Projects increase Modularity and Interoperability of our systems, and how those systems are leveraged for other projects.

MITA SS-A's are required in order to continue receiving federal medicaid funding.

CMS HITECH MITA UC Subareas

Health Policy Area	Health Policy Subarea
Enhance community-based care	Care coordination
	Care integration
Enhance Prevention	Cancer
	Obesity
	Smoking
	Vaccinations and Immunizations
Improve health outcomes in priority populations	Dual eligible population
	Elderly beneficiaries
	Pediatrics
	People living with HIV/AIDS
	People with behavioral and mental health problems
	People with cancer
	People with disabilities
	People with drug and alcohol problems
	People with or at risk for CVD
	Prison population
	Women requiring pre- and post-natal care
	People with or at risk for diabetes



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Michigan Identity, Credentialing, and Access Management (MICAM)

Tina Scott, MDCH



MICAM UPDATE: MICHIGAN IDENTITY, CREDENTIALING, AND ACCESS MANAGEMENT

June 2014 HITC

Tina R. Scott, Manager

MDCH, Office of Medicaid Health IT

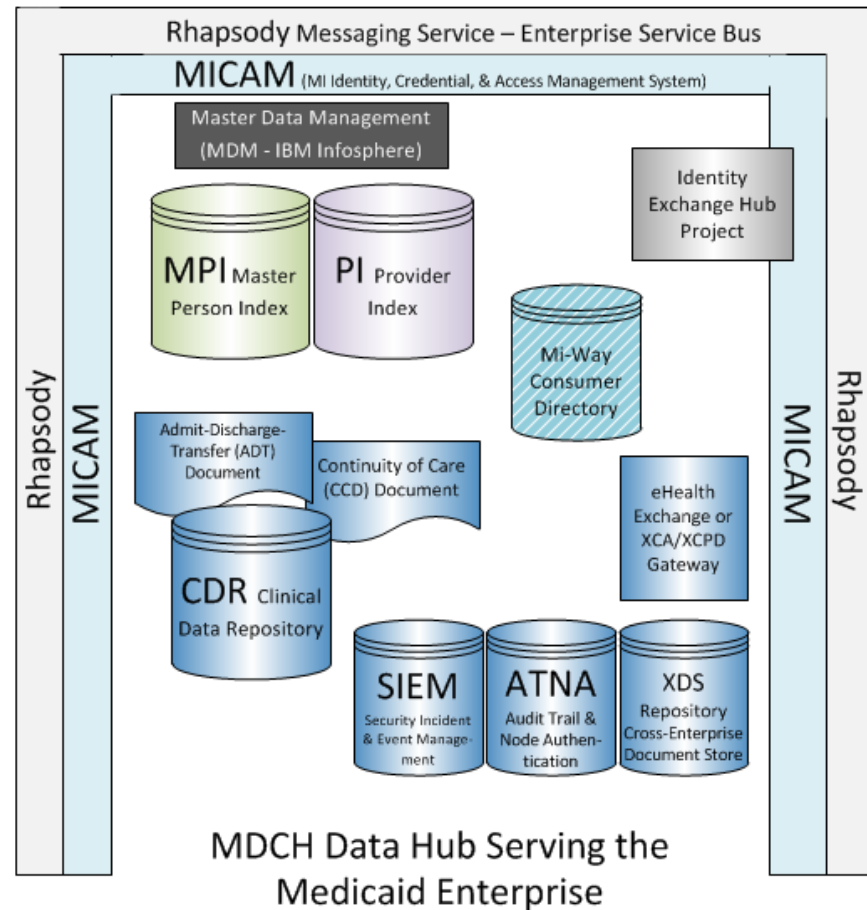
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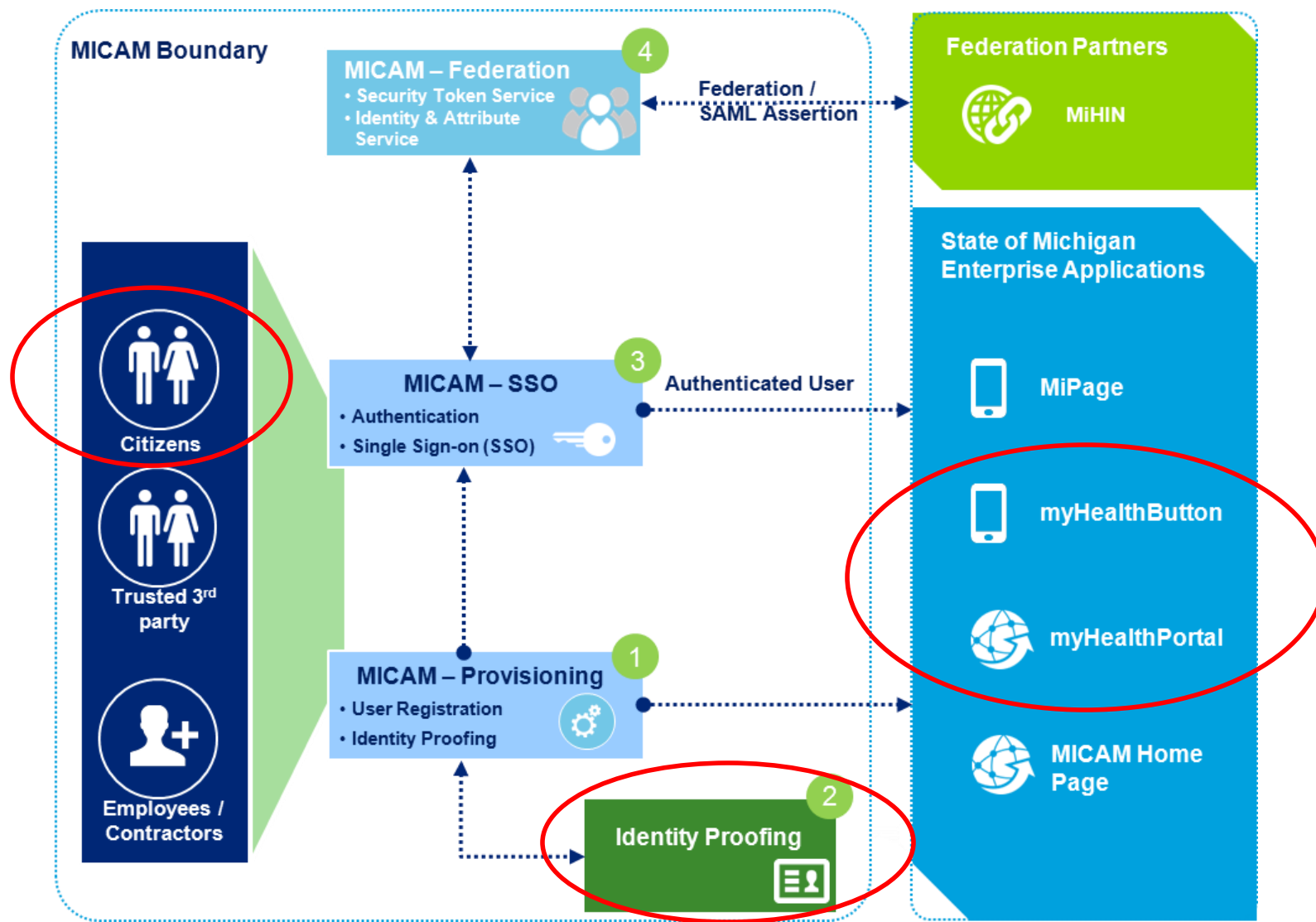
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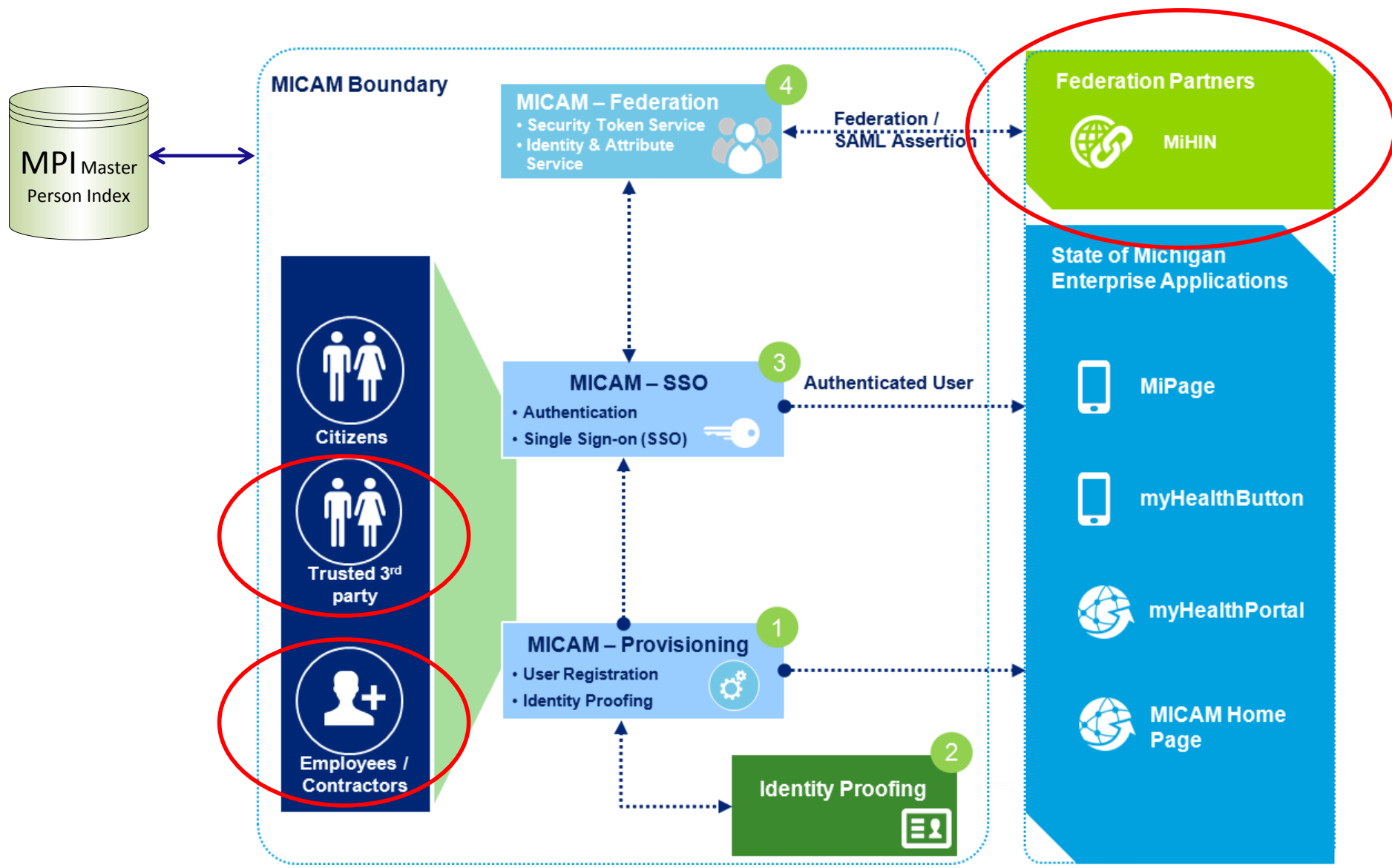
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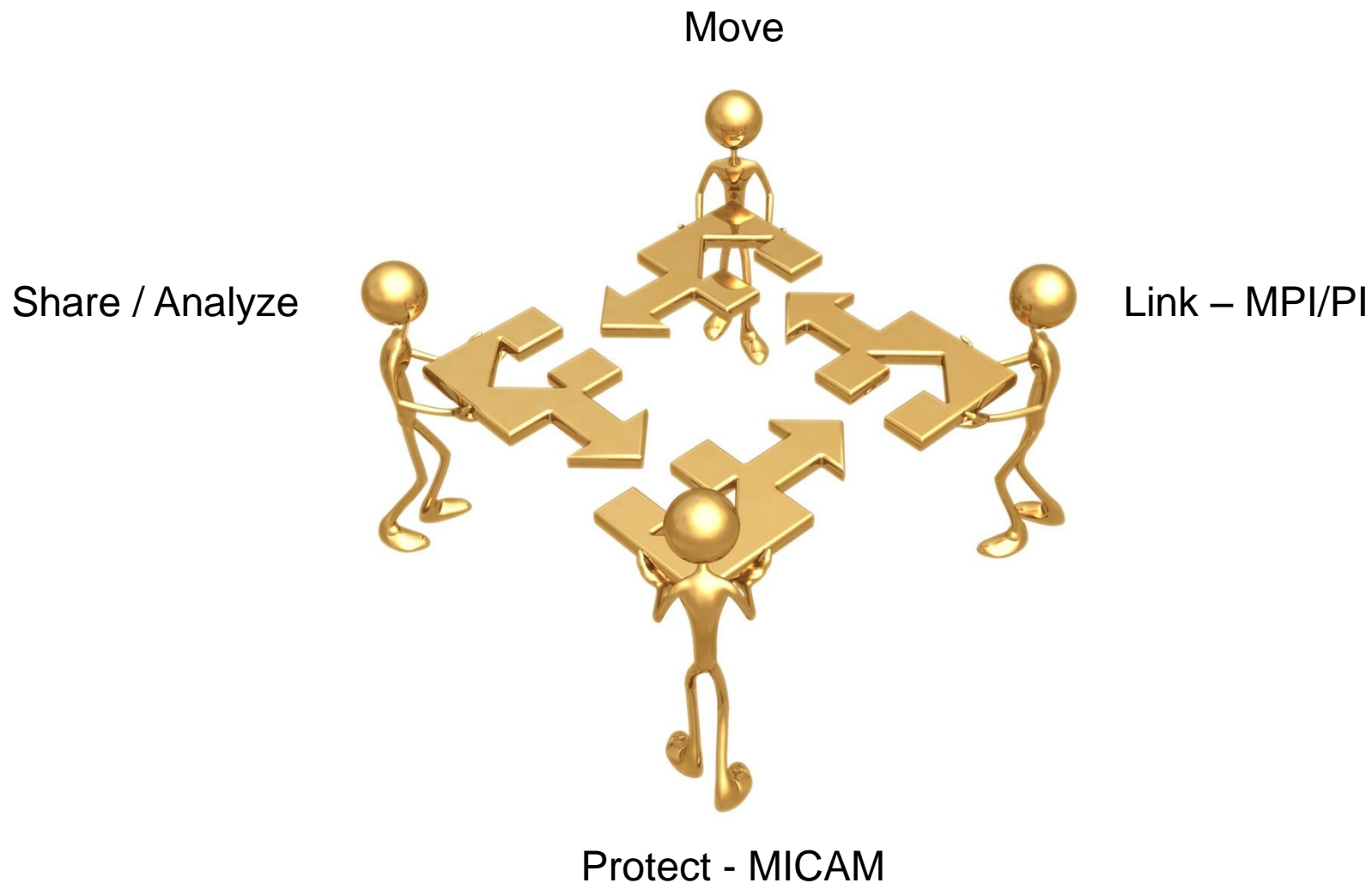


MICAM Phase 1 – Citizen Facing



MICAM Phase 2





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HITC Next Steps

- Summer Schedule



Public Comment



Adjourn

